

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

		DEPARTMENT OF STATE
I. Name of Lobbyist	t(s) Susan H. Paschell ; James P. Mona	ıhan
II. Name of lobbyist	t's partnership, firm or corporation, if a	ıy:
The Dupont Group		
(Name of partnership, firm	n or corporation)	
114 N Main St. Suit	e 401 Concord, NH 03301	
Business Address: (Street)	) (Town/City) (State) (Zip Code)	
(603)228-3322	(603) 228-0713	e-mail _imonahan@dupontgroup.com
(Telephone)	(Fax)	
	covers: (Choose one – file separate repor s which are not attributable to any one c	ts for each client, OR you may file a separate report for reportable lient).
All reportable t	transactions occurring in the month prior to	the reporting date relative to the following client:
Harvard Pilgrim He		
<u>OR</u>	(Full Name of Client as it appo	ears on the Lobbyist Registration Form)
All reportable trate to any particular clien		byist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report	April 26, 2017 X	July 26, 2017 □
Reports cover	activity from date of registration to 3/31.	
	October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/31/17
	no fees received and no reportable trans , complete just this form and submit it to th	actions made since the last report.   Secretary of State's Office, State House, Room 204, Concord, NH
	nal reports are attached: ved fees or made expenditures, you must fi	le Addendum A– Fees and Expenses
☐ If you have paid a Reimbursement	an honorarium or reimbursed expenses, you	ı must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	, or your family has made political contribu	tions, you must file Addendum C-Political Contributions.
	•	or affirm that the foregoing information is true and complete to the
pasautt.	faschell	
(Signature of lobbyist)		4/26/2017 (Date)
(Signature of loodylst)		(Date)
Susan H. Paschell		
(Print Name of lobbyist)		

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## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

		rmation by Lobbyi and Expenses for:	ist				
Name of Lobbying partnership, firm, or corporation: The Dupont Group							
Name of Cli	ent (leave b	lank if Statement is	for the p	eartnership, firm, or corpor	ation and not related to any particular		
client): Ha	rvard Pilgr	rim Health Care					
Date of Report (check one):							
April 26, 20	17 X	July 26, 2017		October 25, 2017 🗌	January 31, 2018 □		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):							
<u>D</u> Addendun	n A(s).						
0 Addendun	ı B(s).						
<u>0</u> Addendum	C(s).						
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.							
7	The						
				4/26/29	017		
(Signature o	f lobbyist)			(Date)			
James P. Mo		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
(Print Name	of lobbyist	)					